

## عنوان مقاله:

Can Patients Accurately Recall their Preoperative Pain and Functional Scores Following Rotator Cuff Repair and Total Shoulder Arthroplasty

## محل انتشار:

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## خلاصه مقاله:

**Background:** Accurate analysis of preoperative shoulder pain and function is important for understanding treatment efficacy and producing high-quality research. Oftentimes, preoperative patient-reported outcomes (PROs) are missing. Therefore the accuracy of recalled preoperative PROs may be significant. We investigate the ability of patients who underwent rotator cuff repair (RCR) or shoulder arthroplasty (TSA) to recall their preoperative PROs. **Methods:** We identified ۱۴۵ patients who underwent either RCR or TSA and had preoperative PROs. All patients completed the ASES, SANE, SST, and VAS surveys within ۳ months prior to surgery. Patients were contacted between one and four years after surgery and asked to recall their baseline pain and shoulder function prior to surgery. The mean difference was calculated by determining the difference between the mean recalled score and the mean actual score. Intraobserver reliability analysis was performed, comparing recall and actual score for each using the ۲-way mixed-effects intraclass correlation coefficient (ICC) model. The ICC values  $> 0.75$  were considered excellent, values between  $0.4$  and  $0.75$  were considered moderate, and values of  $< 0.4$  demonstrated a weak agreement. **Results:** For patients who underwent RCR, the mean differences between actual and recalled ASES, SANE, SST and VAS pain were  $6.3$  ( $P=0.004$ ),  $2.0$  ( $P=0.155$ ),  $-0.04$  ( $P=0.625$ ) and  $-1.0$  ( $P<0.001$ ),

respectively. In patients who underwent TSA, the mean differences between actual and recalled ASES, SANE, SST and VAS pain were ۴.۵ ( $P = ۰.۰۳۸$ ), -۳.۹ ( $P = ۰.۲۶۲$ ), -۱.۲ ( $P = ۰.۰۰۱$ ) and -۱.۵ ( $P < ۰.۰۰۱$ ), respectively. ASES, SST, and VAS show moderate reliability, and SANE reliability was weak in both RCR and TSA populations. Patients had a tendency to recall higher pain scores than actual preoperative pain scores. Conclusion: In patients who underwent RCR or TSA, there was too much variability between individual patient's ability to accurately recall preoperative pain and function to reliably use recall data for research purposes. Level of evidence: IV

### کلمات کلیدی:

ASES, Recall, Rotator cuff repair, SANE, SST, Total shoulder arthroplasty VAS

### لینک ثابت مقاله در پایگاه سیویلیکا:

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